

of death. Taylor pictures the secondary invaders as merely causes of an excessive virus release from infected epithelial cells, both the released virus and the bacteria contributing to the terminal pneumonia. "Such a process would explain the rather singular pathology of influenzal pneumonias, which present a certain uniformity of appearance irrespective of the type of the secondary invader."

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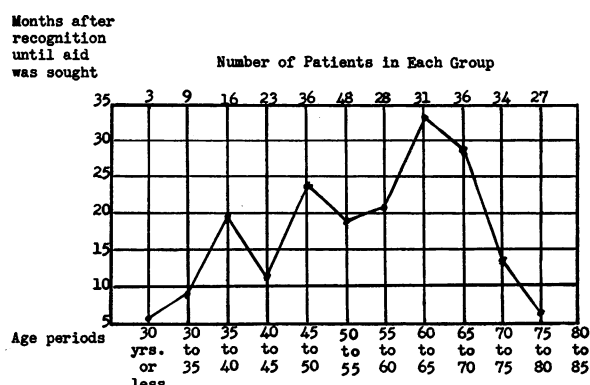
reached the individuals who need it most. If this is the case, it behooves the profession as a whole, rather than a few, to aid in the publicity of annual "cancer weeks," and the individual doctor, whether he be a specialist or not, to serve as a private missionary to his patients: preaching the gospel of complete periodic physical examinations. This is the crux of the cancer problem as we now see it.

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## HOW EFFECTIVE IS CANCER EDUCATION?\*

To anyone who is interested in cancer and who notes the steadily mounting mortality rates, the question of adequacy of cancer education arises. For a quarter of a century the public has been told through the press, public medical meetings and the radio the initial symptoms of cancer, and has been advised to seek advice early. In reviewing a number of our records dealing with cancer of the breast, over an eleven year period from 1924 to 1935, 326 mammary cases were complete enough to study which age group of patients consult the physician first. The series has been divided into five-year groups, and the number of months elicited between the recognition by the patient of a lump in the breast, and the time until medical aid was sought, is set down. The following chart is appended:



At a glance one sees that it is the young and the old who are apparently alarmed; young persons, probably because they read more and pay more attention to their health; the old, because so many of their friends and acquaintances have died of cancer, but even these groups wait from 5 to 6 months before seeking advice. The remaining groups wait 20 months or longer before seeking aid, with the exception of the 40 to 45 age group. These women are in the menopausal age and, because this is called the critical age, they seek advice—with resultant discovery of the breast condition.

We feel that women have learned over the past five years to seek advice earlier, but the average waiting period of 20.4 months is an appallingly long time. We may infer that our educational efforts about cancer, and breast cancer in particular, have been either very inefficient or they have not

## MEDICAL EPONYMS

### Ghon Tubercle

In a monograph of 143 pages, Anton Ghon (1866-1936), professor of pathological anatomy at the German University in Prague, discussed *Der primäre Lungenherd bei der Tuberkulose der Kinder* [*The Primary Lung Focus in Childhood Tuberculosis*] (Berlin u. Wien, Urban u. Schwarzenberg, 1912). A portion of the translation follows:

My investigations go back to the year 1903. They originated without any knowledge of the work of Küss. . . . The results of my studies confirm the findings of Küss and H. Albrecht. They consequently contribute nothing essentially new.

We found primary lung foci in more than 75 per cent of our cases. . . . If . . . the number of primary lung infections should be reduced to even 90 per cent, they would still justify the conclusion that in the child, the primary infection of the lung is the usual form of tuberculosis infection. Surely, this fact has great practical significance.—R. W. B. in *New England Journal of Medicine*, February 6, 1941.

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### Graves's Disease

Exophthalmic goiter was described by Robert J. Graves (1797-1853), of Dublin, in Lecture No. 12 in a series of clinical lectures delivered at the Meath Hospital during 1834-1835. The lecture is reported in the *London Medical and Surgical Journal* (II, 7:513-520, 1835) under the following title: "Persesquinitrate of Iron in Chronic Diarrhoea—Blueness of the Fingers and Toes in Fever—Some Account of the Yellow Fever Which Prevailed in Dublin in 1827—Newly Observed Affection of the Thyroid Gland in Females: Its connexion with palpitation, with fits or hysteria—Erysipelas—Remarks on the Formation of Acidity of the Stomach in Indigestion—Psoriasis—Treatment by Arsenic." Apparently the subject was considered of relatively minor importance.

I have lately seen three cases of violent and long continued palpitations in females, in each of which the same peculiarity presented itself, viz., enlargement of the thyroid gland; . . . When the palpitations were violent the gland used notably to swell and became distended. . . . The swelling immediately began to subside as the violence of the paroxysm of palpitation decreased. . . . In one the beating of the heart could be heard during the paroxysm at some distance from the bed. . . .

. . . We may expect to observe the tumefaction of this gland also where the palpitation depends on organic disease of the heart, as in the following case detailed to me by a friend.

A lady, aged twenty, became affected with some symptoms which were supposed to be hysterical . . . it was observed that her pulse had become singularly rapid . . . being never under 120. . . . She next complained of weakness on exertion, and began to look pale and thin. Thus she continued for a year. . . . It was now observed that the eyes assumed a singular appearance, for the eyeballs were apparently enlarged, so that when she slept or tried to shut her eyes, the lids were incapable of closing. When the eyes were open, the white sclerotic could be seen, to a breadth of several lines, all around the cornea. In a few months, the action of the heart continuing with unceasing violence, a tumor, of a horse-shoe shape, appeared on the front of the throat and exactly in the situation of the thyroid gland.—R. W. B. in *New England Journal of Medicine*, February 27, 1941.

\* From the Los Angeles Tumor Institute.